GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:197
ANSWERED ON:06.05.2016
Fund Allocation for Health Projects
Datta Shri Sankar Prasad;Puttaraju Shri C.S.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of Centrally aided health projects functioning along with schemewise allocation and utilisation of funds, State/UT-wise including Karnataka;

(b) whether the Government has conducted any survey on the prevailing healthcare facilities and infrastructure in rural areas of the country, if so, the details thereof and the outcome thereon;

(c) whether the Government is aware of shortage of doctors in rural areas, if so, the details thereof and the reasons therefor; and

(d) the steps taken by the Government to provide healthcare facilities, infrastructure and adequate number of doctors in rural areas in order to fulfil the objectives of the Sulabh Chikitsa and Swasthya Bharat programme?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

(a) to (d): A statement is laid on the Table of the House

STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 197* FOR 06TH MAY, 2016

(a) Ministry of Health and Family Welfare is implementing following Centrally aided health schemes :

(i) National Health Mission (NHM)

(ii)
â€¢ Establishment of new Medical Colleges attached with existing district/referral hospitals,
â€¢ Upgradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country,
â€¢ Strengthening and upgradation of State Government Medical
colleges for starting new PG disciplines and increasing PG seats.

(iii) National AIDS Control Programme

(iv) Tertiary Care Cancer Centre

Details of these schemes along with allocation and utilisation of funds, State/UT-wise is at Annexure-I to IV
(b) Three rounds of District Level Household and Facility Surveys (DLHS) were undertaken in the past (Round- I in 1998-99, Round-II in 2002-04, and Round-III in 2007-08) with the main objective to provide reproductive and child health database at district level in India.
The Ministry of Health and Family Welfare, Government of India carried out the fourth round of District Level Household and Facility Survey (DLHS-4) of public health facilities with the objective of estimating reliable indicators of population, maternal & child health and family planning at District and higher levels. The DLHS-4 was conducted during 2012-13. The Survey was funded by the Ministry of Health and Family Welfare, Government of India and the International Institute for Population Sciences (IIPS) was the Nodal Agency for conducting District Level Household and Facility Survey-4 (DLHS-4).

This survey reveals that in most of the States, improvements were found in percentage of Sub-Health Centres located in government building, availability of additional ANMs in Sub-Health Centres, percentage of PHCs that are functional 24 X 7 hours, percentage of PHCs that have AYUSH doctors, percentage of PHCs having residential quarter for Medical Officer and percentage of CHCs having 24 X 7 hours normal delivery services etc.
Details are at Annexure-V.

(c) As per Rural Health Statistics (RHS) 2015, the State/UT-wise information of Sanctioned and In Position of Doctors at Primary Health Centres (PHCs) and Community Health Centres (CHCs) and Specialists at CHCs are at Annexure-VI.
Various reasons attributed for shortage of doctors in rural areas include non-availability of requisite number of doctors, feeling of

professional isolation among doctors and unwillingness on the part of doctors to work in rural areas.

(d) Public health is a State subject. Therefore, the primary responsibility to ensure availability of doctors in rural areas lies with the State Governments. However, under the National Health Mission (NHM), financial and technical support is provided to States/UTs to strengthen their healthcare systems including support for healthcare facilities, infrastructure and engaging of doctors on contractual basis, based on the requirements posed by the States/UTs in their PIPs.

Support under NHM is also provided for multi-skilling of doctors, for giving hard area allowance to medical professionals for serving in rural and remote areas and for their residential quarters so that they find it attractive to serve in public health facilities in such areas. Also, States are advised to put in place transparent policies of posting and transfer, and ensure rational deployment of medical professionals. As the posts required for health facilities are filled up by respective State/UT Governments, they are impressed upon from time to time to fill up the vacant posts.
Further, in order to encourage doctors to work in remote and difficult areas, the Medical Council of India, with the previous approval of Central Government, has amended the Post Graduate Medical Education Regulations, 2000 to provide:

(i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service, who have served for at least three years in remote and difficult areas; and

(ii) Incentive at the rate of 10% the marks obtained for each year in service in remote or difficult areas as upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

The Government has taken the following steps to further augment the availability of doctors in the country:

I. The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology, Surgical Oncology and Psychiatry.

II. DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.

III. Enhancement of maximum intake capacity at MBBS level from 150 to 250.

IV. Enhancement of age limit for appointment/extension/re-employment against posts of teachers/dean/principal/ director in medical colleges from 65-70 years.

V. Relaxation in the norms for setting up of a medical college in terms of requirement for land, faculty, staff, bed/ bed strength and other infrastructure.

VI. Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats with fund sharing between the Central and State Government.

VII. Establishment of New Medical Colleges by upgrading district/referral hospitals preferably in underserved districts of the country with fund sharing between the Central Government and States.
VIII. Strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats with fund sharing between the Central Government and States.